

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

MILWAUKEE COUNTY
ELECTION COMMISSION

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Lee Holloway for County Supervisor

Street Address

2836 N. GRANT Blvd.

City, State and Zip Code

Milwaukee, WI 53210

WSEB ID Number:

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☒ January Continuing *2011* ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$ <i>0</i>	\$ <i>0</i>	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ <i>0</i>	\$ <i>0</i>	\$	\$
1C. Other Income and Commercial Loans	\$ <i>0</i>	\$ <i>0</i>	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>0</i>	\$ <i>0</i>	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ <i>234.00</i>	\$ <i>234.00</i>	\$ <i>234.00</i>	\$ <i>309.00</i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>150.00</i>	\$ <i>150.00</i>	\$ <i>150.00</i>	\$ <i>150.00</i>
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>384.00</i>	\$ <i>384.00</i>	\$ <i>384.00</i>	\$ <i>459.00</i>

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>9,214.96</i>	\$ <i>9,214.96</i>
Total Receipts	\$ <i>0</i>	\$ <i>-</i>
Subtotal	\$ <i>9,214.96</i>	\$ <i>9,214.96</i>
Total Disbursements	\$ <i>384.00</i>	\$ <i>384.00</i>
CASH BALANCE END OF REPORT	\$ <i>8,830.96</i>	\$ <i>8,830.96</i>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <i>0</i>	\$ <i>-</i>
LOANS (Balance at the Close of This Period-3B)	\$ <i>6,350.00</i>	\$ <i>6,350.00</i>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer <i>Lynnda Holloway</i>	Signature of Candidate or Treasurer <i>Lynnda Holloway</i>	Date: <i>1-29-2011</i> Daytime Phone: <i>414-873-0132</i>
--	---	--

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

 Page 2 of 5

Complete Committee Name

Friends of Lee Holloway for County Supervisor

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
10/16/10	System PARKING 770 N Jefferson St. Milw. WI 53202 Check if: <input checked="" type="checkbox"/> In-Kind Offset	DONATION	\$25.00	
11/29/10	HAROLD MESTER 901 N. 9th St. Milw. WI 53233 Check if: <input checked="" type="checkbox"/> In-Kind Offset	PERIODICALS	\$25.00	
12/25/2006	UNITED STATES POSTAL SERV. 5571 W. CENTER ST. Milw. WI 53210 Check if: <input checked="" type="checkbox"/> In-Kind Offset	POSTAGE	\$176.00	
1 / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1 / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1 / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1 / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1 / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1 / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 226.00 226.00

TOTAL ITEMIZED EXPENDITURES

\$ 226.00 226.00

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ 8.00 8.00

TOTAL EXPENDITURES

\$ 234.00 234.00

SCHEDULE 2-B
DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Page 3 of 5

Complete Committee Name

Friends of Lee Holloway for County Supervisor

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
09/08/10	Elizabeth Coggs for State Representative 737 W. 32nd St. Mankato, MN 56001 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# 53216	\$150.00	\$150.00	
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 150.00		150.00
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 150.00		150.00

SCHEDULE 3-B
ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

 Page 4 of 5

Complete Committee Name

Friends of Lee Holloway for County Supervisor

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
1/29/11	Lee Holloway 2836 N. GRANT Blvd. MILW. WI 53210	\$6350.00			\$6350.00 ✓

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	Name and Address of Employer	Amount Guaranteed Outstanding
			\$
			\$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	Name and Address of Employer	Amount Guaranteed Outstanding
			\$
			\$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	Name and Address of Employer	Amount Guaranteed Outstanding
			\$
			\$

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$

TOTAL OUTSTANDING LOANS

\$ 6350.00



M&I MARSHALL & ILSLEY BANK
P O BOX 2045
MILWAUKEE WI 53201-2045
www.mibank.com

0010051509

Page 1 of 2

Call 414-259-9929
or 1-888-464-5463
For 24-Hour Account
Information or
Current Rates

098-0027100-77604-0
FRIENDS OF LEE HOLLOWAY FOR
FOR COUNTY SUPERVISOR
2836 N GRANT BLVD
MILWAUKEE WI 53210-2424

Statement Closing Date
December 31, 2010

BUSINESS DEPOSIT AND TREASURY MANAGEMENT PRICE CHANGES, EFFECTIVE JANUARY 1, 2011, ARE AVAILABLE FOR VIEWING AT MIBANK.COM/BUSINESSFEESCHEDULE. YOU WILL BE ASKED TO ENTER YOUR ANALYSIS TYPE, WHICH CAN BE FOUND AT THE TOP OF THIS STATEMENT. IF YOU DO NOT HAVE INTERNET ACCESS OR CANNOT VIEW THIS INFORMATION, PLEASE CALL 1-888-464-5463, OPTION 2.

SMALL
BUSINESS
CHECKING

Analysis Type: 11488

Activity on your account

Date	Deposits	Checks/Charges	Description
Dec 23		25.00	CHECK 1960
Dec 27		176.00	CHECK 1970*
	0.00	201.00	Totals

Average Ledger Balance 8,996.31

Beginning Balance 9,031.96 Ending Balance 8,830.96

Daily Balances

Nov 30	9,031.96	Dec 23	9,006.96	Dec 27	8,830.96
--------	----------	--------	----------	--------	----------

Thank you for banking at M&I MARSHALL & ILSLEY BANK member FDIC.